



2008 Fall Small Ball Hoops For Grades K-3



- The ultimate learning experience in a non-competitive environment!
- Introduction to Basketball that will teach the basics of shooting, ball handling, defense and passing.
- During week 1, uniforms will be distributed and 4 teams will be formed.
- A 30-minute practice will be followed by a 30-minute controlled scrimmage/game.
- Program begins Saturday, September 20th and concludes on November 8th.
- Games will be played at Kiwanis Gymnasium on lowered baskets.
- Registration is limited to 40 participants per hour.

Program Codes

13859	Boys/Girls	Gr. K & 1	Sat 9:00am to 10am @ Kiwanis Recreation Center
13861	Boys	Gr. 2 & 3 *	Sat 10:00am to 11am @ Kiwanis Recreation Center
13862	Girls	Gr. 2 & 3 *	Sat 11:00am to 12pm @ Kiwanis Recreation Center

(* 4th graders with no experience are encouraged to enroll in the 2nd & 3rd grade Small Ball program.)

Fee: \$ 71.50 *FEE ASSISTANCE AVAILABLE*****

Easy to Register! Mail-In or Drop-Off Monday-Friday, 8 AM-5 PM (**Deadline: September 26th**)
FAX: 480-350-5058 (Debit or Credit payment only),
ON-LINE: www.tempe.gov/sports (Debit or Credit payment only)

**Photos may be taken during games for use and ownership of City of Tempe*

Small Ball Hoops Registration Form

Fall 2008

Participant Name: _____ Date of Birth _____ Age _____ Sex _____
Address: _____ APT # _____ City _____ Zip _____
Phone: Eve _____ Day _____ School _____ Grade (In Fall) _____
Parent's Name: _____ Email: _____ Previous Experience _____
Please Circle One: 13859 13861 13862

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.

I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Parent or Legal Guardian Signature AND Printed Name

Date

Fee: \$ _____ **Credit Card Number** _____ -- _____ -- _____ **Exp. Date:** _____

Enclosed Check # _____ **OR Signature Authorizing Charge to above number**

Tempe Parks and Recreation Info: 480-350-5200 / TDD: 480-350-5050

www.tempe.gov/sports

OTHER SIDE FOR MORE FUN

